## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F00205 **DOCUMENT #**

1. Entity Name

WILLIAM R. GARRETT D.D.S., P.A.



## FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90834 006 \*\*\*150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S							OB WE IN						
Sule, Apt. #, etc.  City & State  City & State  Country  - 7-70  Country  - 8. Cartificity of Status Dusing   Safe Additional Fee Required  8. Name and Address of Current Registered Agent  Name  GARRETT, WILLIAM R 17508 GUNN HWY  ODESSA FL 33556  City  8. The above named erby schomis this statement for the purpose of charging its registered digent, or both, in the State of Florida. I am familiar with, and accopt the tablegulered of registered agent and in ingelental agent and is a registerial.  SIGNATURE  SECRETARY STATES STATES AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS.  11. ADDITIONS/CHANGES TO OFFICERS.  11. ADDITIONS/CHANGES TO OFFICERS.  11. ADDITIONS/CHANGES TO OFFICERS.  1	17508 GUNN	HIGHWAY	s	17508	17508 GUNN HIGHWAY								
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Section   Sect	Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
E. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  N	City & Stat	te		City	City & State			4. FEI Number 59-2027838					7
Name   Street Address (PO. Box Number is Not Acceptable)	Zip . Country			Zip	Zip . Count			5.					
GARRETT, WILLIAM R 17506 GUNN HWY ODESSA FL 33556  City FL Zip Code  6. The above named enjoy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.   am familiar with, and accopt the obligations of registered agent.   DATE  SIGNATURE  Signature hoaded artering area of registered agent and like if inclinative.   (NOTE flequitined Agent signature required agent, or both, in the State of Florida.   am familiar with, and accopt the obligations of registered agent.    FILE NOWILI FEE IS \$150.00		6. Name	and Address of	Current Registere	d Agent			7.	Name and Address of New Re	gistered Ag	ent	•	1
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		ertify that the	information supr	alied with this filing	does not qualify for			Section	119 07/3/(i) Florida Statutos 15	irther cartifi	that the i	nformation	1

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**